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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
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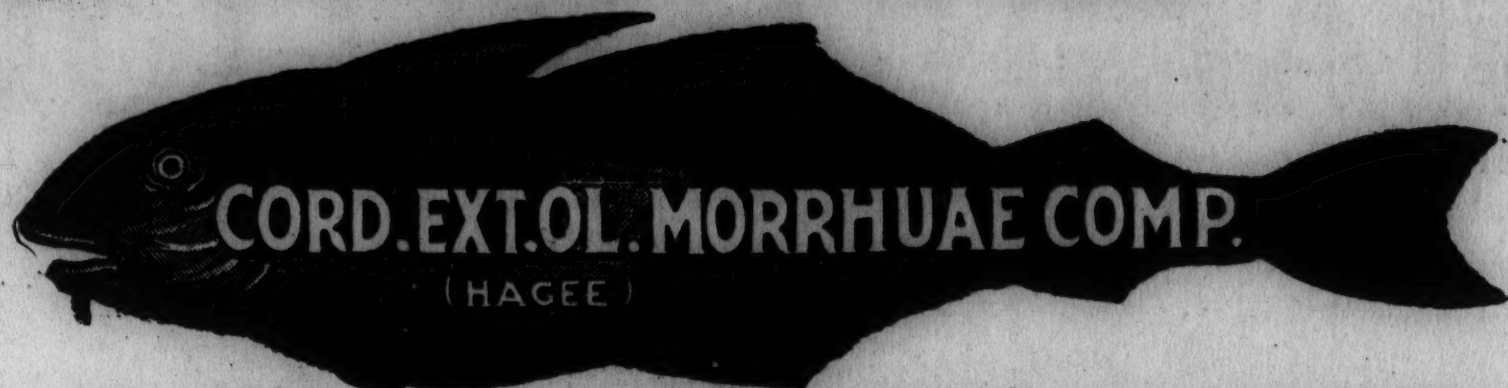
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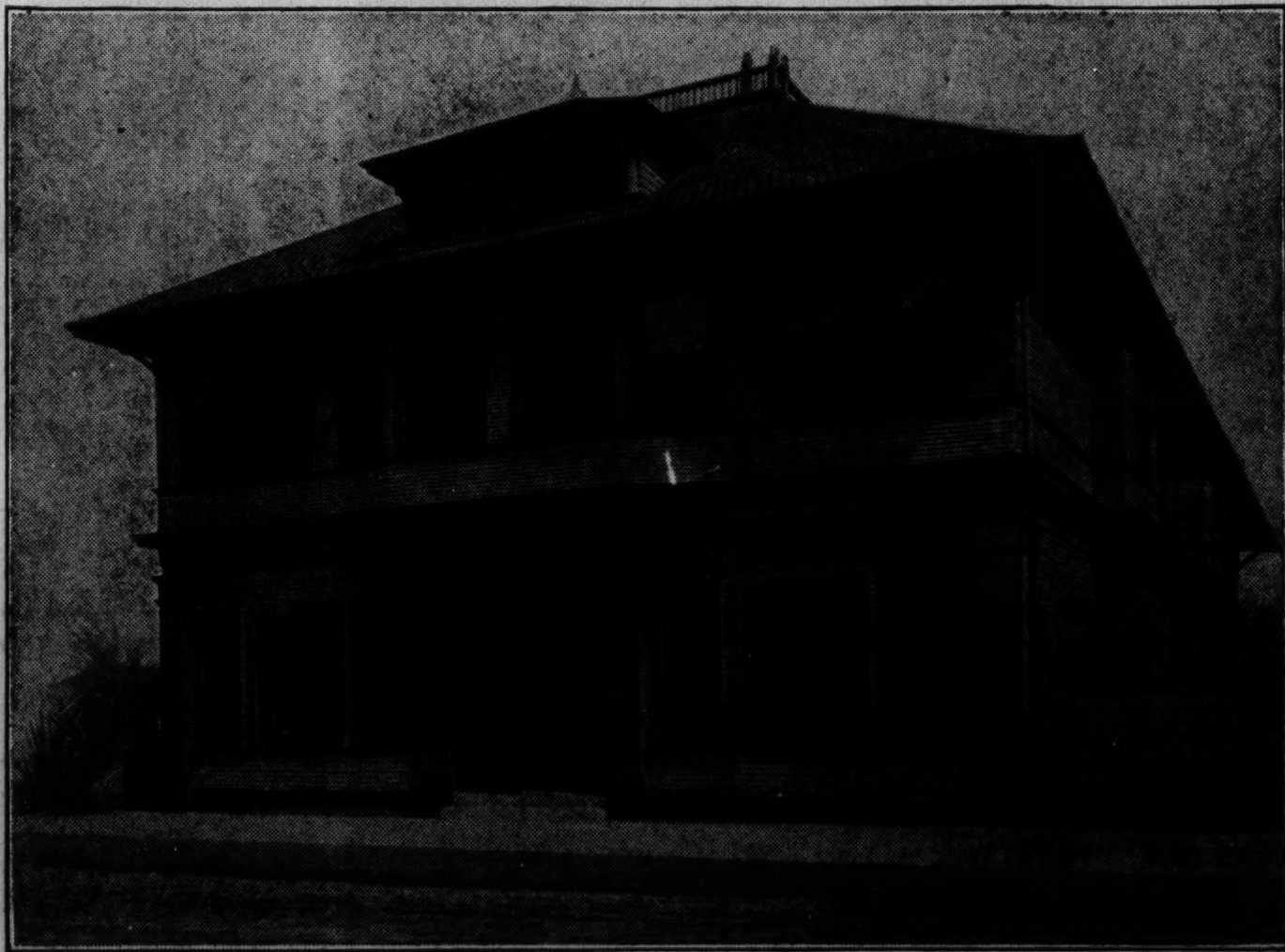
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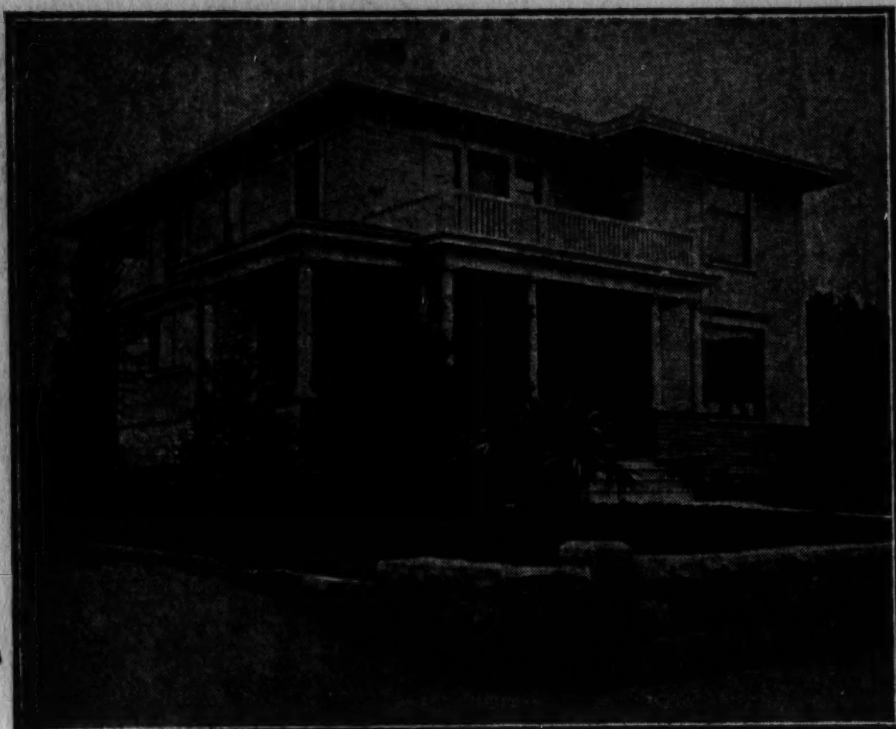
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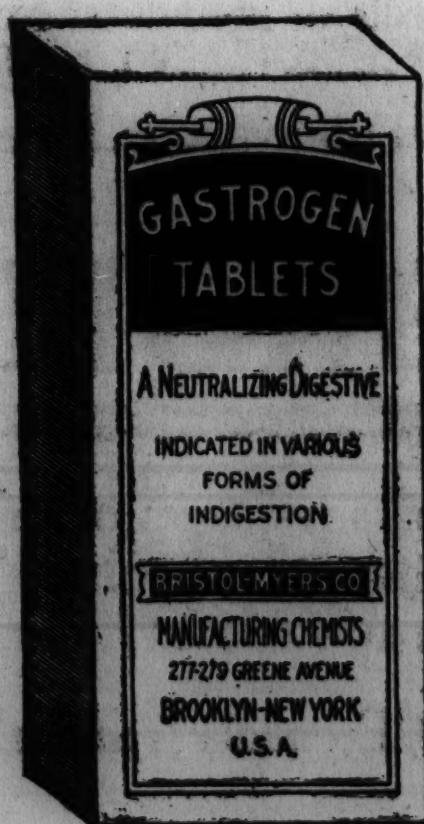
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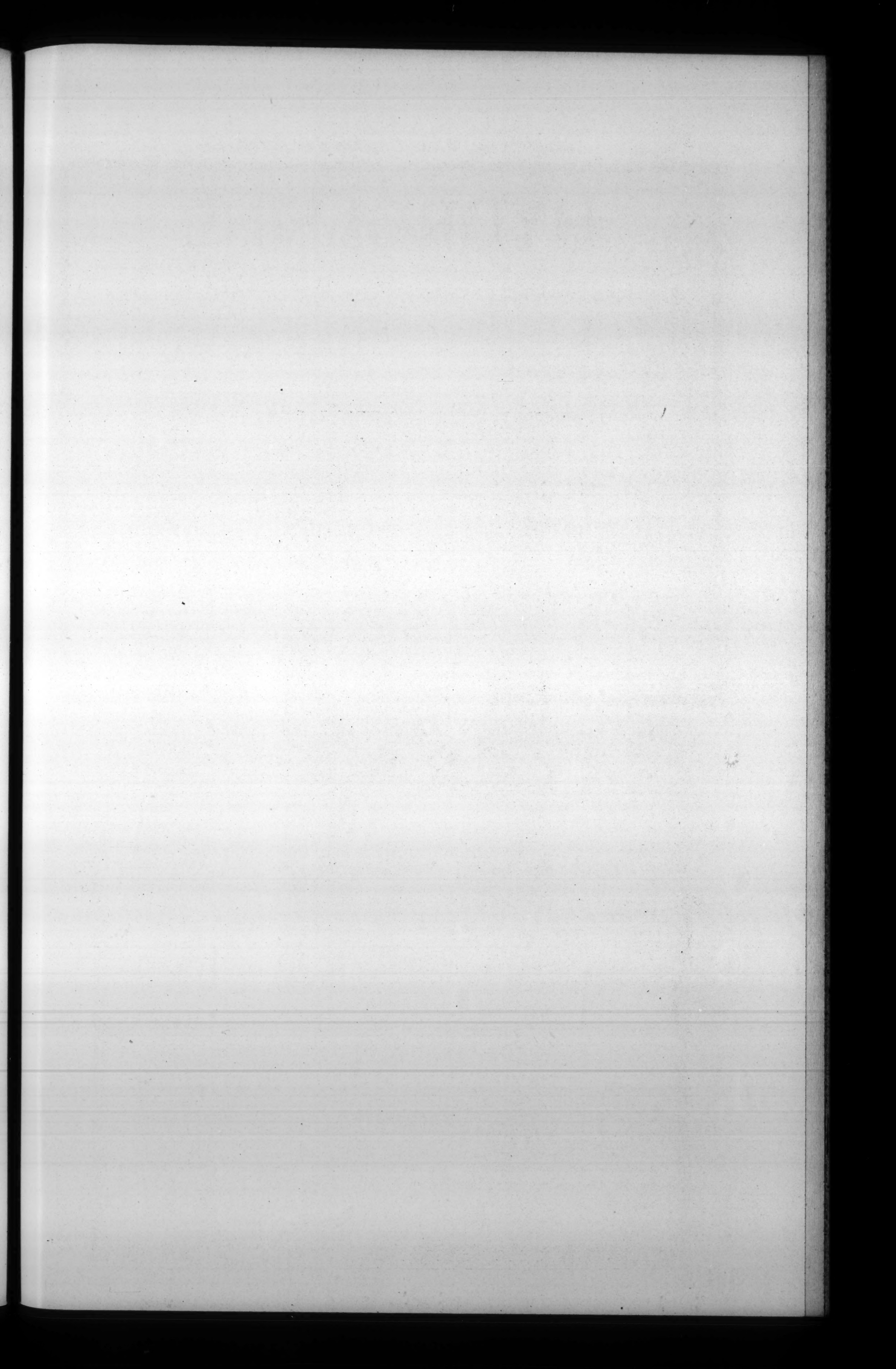
Gout, rheumatism, constipation, biliousness, recurrent headache, mental depression, subnormal metabolism, languor, and in fact, innumerable local and general deviations from the normal state are frequently the direct effect of excrementitious materials.

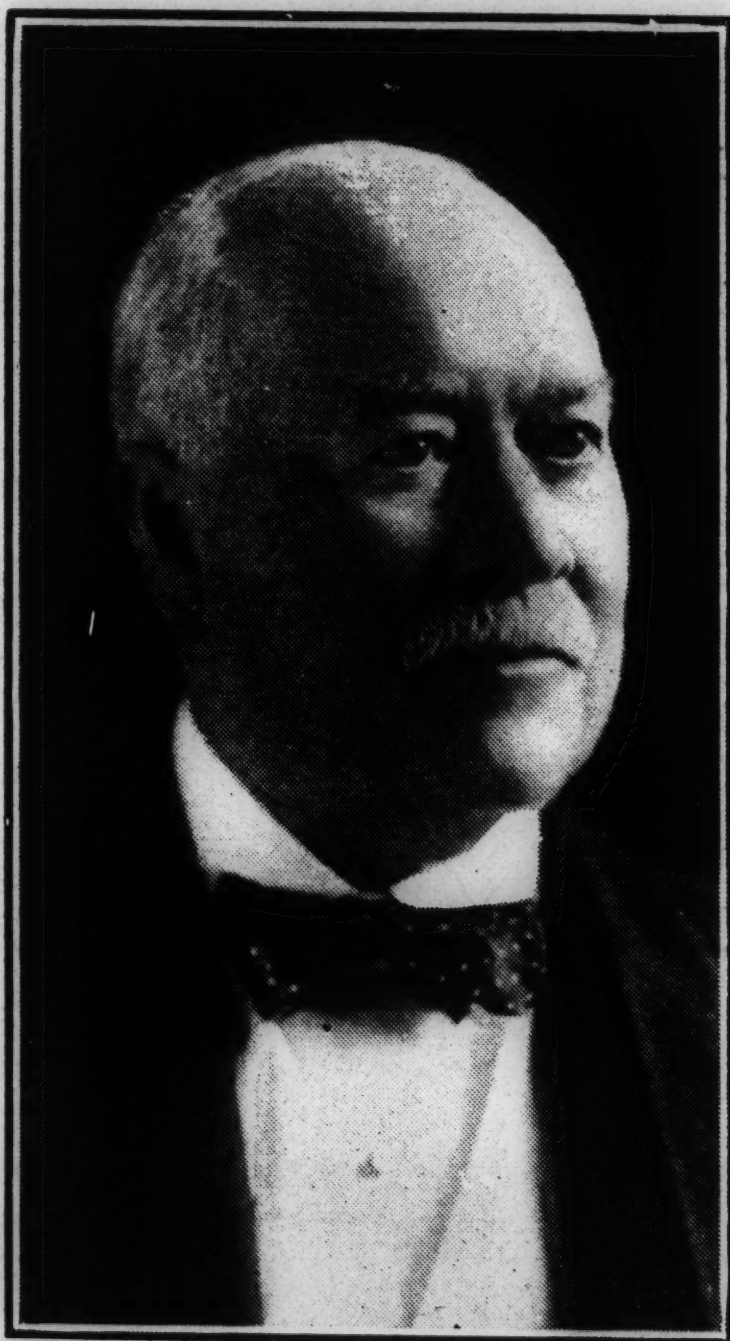
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J. T. FARRAR, M. D.

The California Eclectic Medical Journal

Vol. II

NOVEMBER, 1909

No. 11

Original Contributions

SHALL WE SURRENDER THE SHIP?

A. F. Stephens, M. D., St. Louis.

The defense of a principle by a firm, vigorous and continued insistence upon its verity is considered fanatical by those whose convictions lack strength. But if we know certain principles are true and yet fail to uphold and help to establish their truth, then to us may be applied the more odious term of coward. If we know and believe that the Eclectic practice of medicine is superior to any other and approaches nearer a perfect system, then are we not derelict in our duty if we fail to uphold that practice with all the vigor and firmness we possess? To know the truth and live a lie is criminal. To have faith in a thing and hide that faith is to play the part of a dastard.

In this day of the gum-shoe policy we are besought to tread lightly for fear of disturbing somebody's slumber. We are told to broaden out—expand in such a manner as to cover up and hide from view our principles—principles which our fathers and ourselves have lived and proved; in other words we are asked to practice what we believe to be right but be extremely careful that nobody finds out what we do believe. And the gum-shoe men advance some seemingly plausible reasons why we should not keep Eclecticism bared to the sunlight; for instance we are told we are sectarian, narrow, prejudiced, etc., which they claim is not conducive to our ethical advancement. We are told that in the broad field of medicine we are all working toward a common end and should be designated only by the term physician; all of which is very fine and we are glad the time has come when we are called physician instead of quack. So we are, but as all men may be designated *man* yet is he individualized by proper names. As in the building of a house not all are brick masons but some are carpenters, some plasterers, some only hod carriers and all are working to the end that the structure shall be complete, so is it in our work in the world,—some must be hod carriers, some masons, some carpenters and all working to complete the structure of civilization. How in the world could the house

be built if it were insisted that all laborers be of one trade? How in the world can we develop any line of thought or research except we stolidly maintain what we know to be right in the face of all opposition? Common sense and the highest reason teach us that only by persistent effort and continuous labor in the line of research adopted, and positive support of those principles we believe in can they be established.

By persistent effort Eclecticism has been established upon a sound and enduring basis—scientific as far as it has been developed. Its methods differ from all other methods of cure. Its principles are at variance with the present-day theories. The results of its application are so superior to the theories advanced that comparison is not necessary; and so they must remain if correct, until all other methods change to conform to them. And I ask in all seriousness, can this be unless we everlastingly hammer these principles into people? If we its friends desert Eclecticism how then can it continue to grow and develop?

Since the world began and the human race started on its upward course all advance has been made in the face of studied opposition. I can picture in my mind the crouching dweller of the cave snarling his disapproval of an open-air shanty. I can picture the feeling of insult in the breast of the savage eating his raw food when he discovers some one building a fire to cook his. Coming down to our time the man who reaped his grain with a hook was envious of his neighbor who invented a "cradle" and the latter thought his neighbor a fool who spoke of a "reaper." The mere mention of a machine to gather and tie bundles was evidence that one was well started on the road to the crazy-house. And so it goes from age to age. The fellow who hasn't got it doesn't want anybody else to have it and resists the innovation until he has no foundation upon which to stand. It is not different in medicine. All advance in the direction of better methods has been opposed with all the vigor of an obstinate majority, and has been accomplished only by persistent pounding against the opposing force in season and out of season, and will continue only by an unwavering fidelity to what we conceive to be the truth.

Looking back over human history we see the colossal figures of the different ages standing out clear and distinct while all around them is strewn the wreckage of the common herd. Every great figure of the past had an idea, sensed a truth which the masses could not comprehend, and though he met with the most stubborn opposition, was heaped with ridicule and abuse and was ostracised by his fellow-men, yet persisted in his course even unto seeming dishonor and death. Per-

haps ages afterward a shaft is erected to his memory. The world's pay is small, but what of it?

Now a word to Eclectics. Why did any of us extend the hand of fellowship to the struggling few? Was it because we believed Eclecticism to embody the best there was in medicine? Do we not still think it embodies the same today? Have we not learned since going out into the field to labor that we have the most perfect tools to work with that the world contains at the present time? Do we not believe the Eclectic school is working to make more perfect the implements of its warfare against disease? Are we so constituted that we would rather have the applause of men than possess within our own minds the thought that we are right? Does place or position attract us more than a knowledge of truth and right thinking and acting? Then the sooner we get out of the one and into the other the better it will be for those who are struggling to keep the flame of Eclecticism burning. If we still believe in the principles of Eclecticism and that the Eclectic practice is best for the sick, that it is a humane, kindly, safe and successful treatment, then I say we should not be afraid to stand up for what we believe to be right. We cannot continue to exist if we fail to defend and push forward our cause. We dare not stop, for to cease to move on is to die. We need not offend those who are laboring in a different line of research. If they take offense because we will not sit down and watch their antics then be the blame their own. And I say to you, there has never been a time, when our school had such an opportunity to advance its principles, as now. The homeopathist has failed to prove his law of similars, although he has done a world of good, and I am here to say God bless him. He helped to break the shackles which had been forged upon the profession of medicine. He still is doing good, much good. The regular school, so-called, is at sea without a compass. Its sails are in shreds. The majority of its masts have been swept away. It is without water and without food, figuratively speaking. Its crew is become mutinous and we may look to see its "officers" dispossessed of their authority, bound and gagged. Their crippled old craft, new-manned, will become a free-booter seeking anything which offers aid. And where can it find such aid as Eclecticism offers it?

My brothers, if we let the present opportunity to profit our cause go by without taking advantage of it, then are we as those who "having eyes to see, see not; and having ears to hear, hear not the things which so nearly concern them."

MOON, PARTURITION, PERIODICITY.

By Herbert T. Webster, M. D., Oakland, Cal.

All of us with much experience are familiar with the faith of many elderly people in the influence of the moon's phases on organic life. We have been wont to call this superstition, but it might be better to term it tradition; for people in advanced life if observing, become impressed during their experience by various phenomena of nature until they grow to place confidence in what their forbears have taught them, notwithstanding the scepticism of unbelievers.

Do the moon's phases influence the length of gestation and finally coincide with the period of labor in most cases, or does labor come on, as the old Arabian physician declared, "by the Grace of God?" In reply, it might be stated that the subject has been carefully weighed by some of the most profound philosophers the world has ever known, and a scientific rationale has been offered in support of the moon's influence.

Not long ago the writer was engaged to attend an expected confinement in a woman who fifteen years previously had nearly lost her life in giving birth to her first and only child. She is small, of slender build and narrow pelvis, with stubbornly rigid os uteri. She was three days in labor with her first child, and forceps' delivery was difficult and resulted in laceration of the os uteri and perineal body. She suffered extreme ill health for seven or eight years afterward,—until the injuries were repaired,—in fact, was a confirmed invalid. As a consequence, she dreaded the second ordeal, though she greatly longed for a child, since the first died at the fourth or fifth year of age, and she is extremely fond of children.

When the time for confinement arrived,—nine calendar months and a few days more, or four and a half months after quickening,—labor was anxiously looked for. Time passed on, however, until ten calendar months had passed, and still no sign of labor. To put it in the words of the subejct, she was now "as big as an elephant," and was very much worried for fear the child would be so large as to render labor by the usual route impossible. As the husband was also anxious, a consultation was had, with the conclusion that it would be best to induce labor by artificial means, rather than allow gestation to continue longer. At this juncture the lady's mother, who is a member of the household, and who had been an interested listener, interjected: "Whatever you do, please wait until next Friday, for then the moon changes." As this was only three days away, her request was acceded to, and sure enough, at two a.m. on the following Friday labor began; and though it was protracted beyond twenty-four hours, and in-

strumental aid was invoked, the case made a fair termination, both mother and child doing well.

A short time after this, an old patron visited my office one afternoon, and requested me to remain within calling distance the following evening, for he believed his wife was about to be confined. He stated that she had been subject to bearing down pains and fullness in the pelvis all day, and that her time was up, as near as she could determine. Hearing nothing from the case until the following day, and desiring to leave town for a few days, I called at their home, to ascertain the state of affairs before leaving. I found the lady up and about her housework, feeling as well as usual, the pains having ceased, though the uterus seemed to her to be low in the pelvis. Waiting one day more, and finding the patient still on her feet and feeling as well as usual, I informed her that the manifestation she had had was probably the "settling down," often experienced by women about a fortnight previous to labor, and noting that it had occurred on the sixteenth of the month, I expressed the opinion that labor would not come on until the thirty-first, at which time there was a change in the moon. I therefore left on my trip. I was at home several days before the expected time, and watched with some curiosity for a call from her on the thirty-first; but the day passed on without any word from that source, and I retired, at 10 p.m., beginning to lose faith in signs. Before 11 o'clock, however, I was awakened by the office bell, and summoned to my expected case of labor, which terminated successfully before morning.

These cases impressed me so much that I made an investigation of my last ten cases of confinement, and by comparing the dates with the calendar I found that only one of them deviated more than twenty-four hours from the time of the moon's changes, and this one might have been my own error in entering the date in my day-book. This one was entered on the 13th of the month, and the moon changed on the 15th.

A large contingent of stockmen and breeders place much confidence in the moon's changes when expecting additions to their flocks and herds. We do not usually find such people superstitious, for they are mostly persons of sterling sense in ordinary affairs, not given to visionary ideas. Their belief is founded on personal observation. They will not attempt to explain why this is so, but they will tell you that it certainly is so because they have observed the fact often enough to convince them; often enough to become a tolerably safe rule.

When we examine the matter we become impressed with the fact that at some time a profound impression has been made upon man and animals springing from the same genealogical

root-stalk, which renders them susceptible to the rule of seven. The regular menstrual period is twenty-eight days, just four times seven. The regular time of gestation is two hundred and eighty days, just forty times seven days, or ten lunar months. We observe a tendency for malarial fever, after interruption, to return in seven, fourteen, twenty-one or twenty-eight days. The regular length of a typical case of typhoid is twenty-eight days, from beginning to termination of lysis. Relapsing, or seven-day fever, observes a similar rule, the relapses occurring at regular seven-day periods. Complications in different fevers may interrupt somewhat the rule, but this in nowise invalidates the fact that the seven-day influence is present.

In the incubation of birds, which belong to the same genealogical tree as man and mammals, we find the rule of sevens at work. We can depend, to a day, upon the hatching of pigeon's eggs in fourteen days; of the eggs of the common domestic fowl in twenty-one days; of the eggs of the duck in twenty-eight days; of the ostrich, in seven weeks, or forty-nine days, etc.

Why these multiples of days which correspond with multiples of days consumed in a quarter of the moon? What influence should render seven-day multiples more common than multiples of five; or six, or eight, or ten? Is this chance, or does the rule depend upon the natural result of a far-reaching and deeply laid influence inherent in the parent stock, from which a large share of the animal life of the world proceeds, so deeply planted that we cannot shake it off, nor can the remoteness of eons of generations of time? Certainly it is not a matter of mere chance, for it is too universal a proposition to be thus lightly considered.

The proposition is supported by a tenable theory, grounded upon biological fact. We owe it to Darwin that this has been explained, and it is one of the elements of evolution. When any function or process of animal life has become well established, it persists through countless generations. Even though new species arise, and new forms of life, their descendants will be liable to inherit well-established laws of vital processes, and hand them along through an almost endless chain of genealogical links.

We do not know the limits of heredity. The human embryo, during its development from the ovum to the perfectly formed child, shadows forth many different phases of past existence before the final stage is reached. Darwin traces man from a group of animals resembling the tidal ascidians, creatures which are fixed within tidal limits, and which imbibe their nourishment from the water which flows about them

and circulates through them, thus supplying nutriment which their ciliary functions assist in appropriating.

Such creatures must be greatly affected by the tides. Those located about mean high-water mark and low-water mark must experience a complete cycle of tidal changes in a fortnight. Thus week by week the vital functions of such creatures must undergo a pronounced change—an epochal stage—which would naturally become impressed upon their descendants. When nutriment was plentiful, nutrition and reproduction would thrive; and when exposed to the air, a period of starvation and lowering of vitality would attend. The tides are largely controlled by the moon, and its phases would mark these critical periods; and these periods would be approximately seven-day periods. As higher forms arose from this source they might become largely independent of the tides, but they would hardly fail to retain the weekly vital influence with which their ancestry was marked.

To such an influence we may rationally ascribe the seven-day susceptibility with which the constitution of man is marked, as well, also, as many other creatures. The days of reproduction, while not seven, are multiples of seven; and the days of disease when vitality is lowered and life is at the ebb, are also marked by seven or multiples of seven. Darwin remarks, in his "Descent of Man": "Man is subject, like other mammals, birds, and even insects to that mysterious law which causes certain normal processes, such as gestation, as well as the maturation and duration of various diseases, to follow lunar periods."

The strange part of it is, that the seven-day periodicity of gestation should still correspond, through eons of separation from the source of heredity, with lunar changes in coincidence. It seems as though, even though the periodicity had become thoroughly impressed, its coincidence with the moon's phases would have been lost through the vast period of time since it was first established; but it still seems almost as true as the attraction of the magnetic needle to the poles that lunar influence is still at work in its effect on man and the lower animals.

It becomes a question then whether this coincidence is purely an inheritance of periodicity alone, or whether we possess an inherent susceptibility to lunar or tidal influence which renders us amenable to a mysterious force, intangible and inexplicable, akin to magnetism, for instance, directly exerted upon us during the moon's changes.

These are deep problems, and we must leave them for some more competent authority to solve. Lunar influence on parturition, however, is worthy of our attention and investi-

gation from a practical standpoint. If we can establish the fact that this is a practical guide in determining the exact time of parturition, or even approximately so by periods of seven days we may dispense with much uncertainty and allow ourselves more leeway as to time to be devoted to other purposes, which without such a guide would be wasted in watching, or at least in remaining at home when we might secure relaxation and pleasure perhaps, untrammelled, and satisfied that a sudden call from some one who was "expecting" would not come in our absence.

It is well to know that after the full time of gestation has been passed as near as we can calculate, critical days of seven-day intervals follow, coinciding with the changes of the moon, and that at such times, with a leeway of twenty-four hours each way, we may confidently expect the inception of labor.

It is to be expected that accidental causes may upset lunar calculations. A sudden fright, the extraction of a tooth, great mental stress, or other emergency may exert a more powerful influence upon women in the late stages of gestation than lunar periodicity, and must be taken into account in observations of this kind; but when nothing occurs to interfere with ordinary tranquility, we are liable to find the moon's phases important in determining the period when the expulsive efforts of nature set about their work.

THUJA.

W. Leming, M.D., Lexington, Ky.

The action of *Thuja Occidentalis* as defined by "The Eclectic League for Drug Research" is as follows:

Chronic or sub-acute diseases of the skin and mucous outlets, marked by atonicity, low discharges and perverted tissue growths and changes.

The main action of *Thuja* appears to be upon the skin, genito-urinary organs and anus. It has frequently been known to remove warty excrescences, polypi and various forms of growths on the skin, and reports have been made of cures by it of some cases of *Naevus* and *Epithelioma*. It stimulates urinary activity, causing copious and frequent flow of urine, relieving and curing some cases of prostatic diseases and chronic urethritis, its action here being nicely shown in the relaxed condition where dribbling of urine ensues. Its action is typically stimulant and tonic.

In the treatment of cancer it possibly promises more than any other known drug.

Dr. J. E. G. Waddington, Michigan, reports a case of so-called "Rose" cancer involving the cheek of a lady nearly

eighty years old, in which the effect of the drug was remarkable in checking and limiting the growth. Unfortunately, the case was not followed up. The remedy was given internally, and applied locally undiluted. The doctor uses it locally in all indolent ulcerations and diseases of the surfaces, and considers it far superior to Balsam Peru and similar drugs.

Dr. G. T. Fuller, Kentucky, uses it in all benign fungus growths on mucous membranes, and warty growths on the skin; he claims it will reduce the size of the prostate gland, relieving troubles incident to it.

Dr. Eli D. Jones, New Jersey, lauds Thuja very highly in the treatment of Rectal Cancer, 20 to 60 gtt. being injected into the mass every second day. He also uses it successfully in cancer of the throat, internally and as a spray, and in Cauliflower Cancer of the uterus, keeping constantly applied a cerate in the proportion of one part of the oil to sixteen of cerate base. Very emphatically he says, "It is one of the few remedies we have that **does** have a curative action on cancer."

Its action on syphilis seems worthy of study, and all venereal are touched by it at some time in their course. It seems to have no especially poisonous action.

Report for November 1st, Geranium; December 1st, Rhus tox.; January 1st, Sanguinaria. Reports are solicited.

THE CURE OF HERNIA.

G. G. Gere, M.D., San Francisco, Cal.

Read before the California State Eclectic Medical Society.

The laity and timid surgeons are constantly endeavoring to find a cure for hernia without recourse to the much dreaded knife, and many years ago, when I belonged with the second mentioned class, I participated both by study and practice in such attempts. Having experimented with the common and some of the rarer methods to my own satisfaction I am of the opinion that the only certain, speedy and safe remedy is surgical incision and proper suture.

It is true that cures have resulted and are still being made by injection, mechanical appliances, etc., but the methods are tedious, uncertain and not altogether safe. I have known in the field of personal observation several cases where the intestine, or more frequently the omentum, has been strangulated by the effect of mechanical or electro-mechanical apparatus and required prompt incision for relief, or where injections have caused inflammation of the spermatic cord with permanent neoplasm as a sequel. Surgical incision and suture is applicable to almost all ages, conditions and degrees of hernia, while the cases must be selected in which we may rea-

sonably expect cures by other methods. The application of a truss, either electric or plain, if well fitted may cure recent cases, particularly in infants or children, but will seldom do much good in cases of long standing.

Injection also may cure recent cases or those with small openings if the protusion can be actually restrained during the process of treatment. Statistics show that of cases treated by injection method applied indiscriminately, about one-third are cured, another third benefitted, while the remainder are unchanged.

In view of these facts is it not your duty as healers of the sick to insist upon the speedy, safe and certain way? It may be urged in oppositon that recovery from operation is not always rapid, that death has sometimes occurred from surgical incision and that failure sometimes follows, to which I will answer that the fault is not with the operation but with the methods by which it is accomplished and that if proper care and technique be observed such objections are unwarranted. For instance, preventing of wound infection, cough and vomiting; accurate approximation at the proper point with reliable suture material and avoidance of any inexcusable blundering in performance of the work will negative these supposed dangers. Probably the chief requisite for successful results is that the surgeon should first have a clear conception of what he wants to do and sufficient skill to carry out his idea. That all surgeons do not know just what to do is indicated by the numerous and varying methods introduced and still practiced by surgeons of extensive reputation, methods commonly known by the name of their sponsors, as John Doe's method, Richard Roe's operation, etc.

That we sometimes fail to skillfully carry out our ideas is evidenced by accidents and failures to which we have all been at one time and another subjected. My personal experience in hernial operations has been considerable and for reasons before given I have had two failures, each of them, I am glad to say, having been retrieved at a subsequent sitting; therefore I venture to suggest some points which will, as I believe assist in securing successful results.

As inguinal hernia is much more common than any other we will consider it first. You are familiar with the normal and pathological anatomy of these cases, so I will not enter into it, merely remarking that the anatomy as shown in text book illustrations and as seen in a more or less bloody incision into the affected region are two very different things. This reminds me of an accident related to me by an eye witness, where two members of a formerly well known family of physicians of considerable reputation in this city attempted to

operate on an inguinal hernia. Gray's Anatomy with its beautiful clear illustrations (and its involved descriptive text), was lying open on a convenient table. From the patient they would turn to the text book and from the text book to the patient making a few tentative strokes with the scalpel meanwhile, until they abandoned the operation in disgust, concluding that their case was one not found in the text books.

The essential anatomical knowledge is to recognize, after the skin, connective, muscular and fibrous tissue, the structure of the spermatic cord, the sac and its contents and above all its point of exit from the inner surface of the abdominal wall. There are no "rings" either internal or external as shown in the anatomical plates except as they are made by dissection. In the normal state they are filled with connective and other tissue but can be recognized by the touch as soft or weak spots in an otherwise resilient wall. Now the main requisite for success in this operation is to reinforce and make strong the internal weak spot which is first overcome by the descending hernia. To do this, after the necessary dissection and return of the contents of the sac, amputate the sac short so there will be no funnel shaped neck to guide a pressing intestine or tag of omentum towards its former place of exit sew the cut surfaces of the peritoneum carefully and bring in the underlying tissues snugly around the spermatic cord—were it not for this cord there would be no trouble at all, hence the ease of operating successfully in the female where the round ligament may be incorporated with your sutures—but the cord will not bear much constriction, so it is a matter of nice judgement to get enough but not too much. For sewing the peritoneum use No. 0 plain catgut for the internal ring and canal, No. 2 chromacized for through and through, reinforcing silk or silkworm gut.

It is needless to dwell upon other features such as strict asepsis and accurate approximation, as these are understood to apply to all operations.

In femoral hernia again, your anatomical plates will not be of much use; you will not see the saphenous opening or crural ring unless you dissect it out. All that is necessary is to find the hernia and follow it up to where it escapes under Poupart's ligament—that and Gimbernath's ligament you can easily feel if not see—return the contents, perhaps the sac also if it is recent and non-adherent, then close the inner division of the femoral canal as far as the femoral vein will permit with stout chromacized catgut stitches running from Poupart's ligament to the fascia and perhaps muscular tissues

forming the floor of the femoral canal. The remainder of the wound to be closed as usual.

In umbilical hernia the peritoneum is usually so adhered to the neck and interior of the sac that it may be ignored; sometimes, however, it may be separately united. The main feature to be observed here is to excise the umbilicus and secure a surface of good width for approximation. Your sutures here will need to be extra strong. I generally use them mattress fashion; you do not need to overlap the edges but I think it a good plan to sew up the umbilical space transversely, then draw the muscles well together over it longitudinally as an additional reinforcement.

In ventral hernias of traumatic origin and varying location no set rule will apply but this principle must be kept in view, the incision and dissection must be extensive (Trendelenberg's position will help to restrain the bowels), the sutures strong and numerous. You may or may not need to incise and stitch the peritoneum, most frequently not. In a very extensive ventral hernia where the recti muscles were separated into the flanks and the entire contents of the abdomen protruded upon arising I operated by graduated steps to avoid the great protrusion, securing and uniting the borders of the recti for a few inches, then closing the external wound before making a further incision, dissection and suture as before until the entire wall was restored with eminently satisfactory results.

COLLEGE BOTANICAL GARDEN.

G. W. Finch, M. D., Los Angeles, Cal.

Not long since I paid a visit to the College Botanical Garden, where I found everything growing as everything does grow in California. Several species of trees from Arizona are making a most wonderful growth, while the Maples and Elms from Ohio are stretching upward at such a rate as to be out done by none of the others.

While the garden was started primarily as a garden of medicinal plants for plant study in connection with the college, its uses have naturally widened in various directions so that at present it contains not only the many plants that are native to the Pacific Coast but many that have been collected from various Eastern states having therapeutic value. But in a sense it is becoming an experimental station where the useful and ornamental in fruits and flowers and even forest trees are being developed and tested as to their adaptability to the Pacific slope.

Among the timber trees sent here from the Eastern states that may be mentioned and that are making very rapid

growth and showing that they are readily acclimated are the elm, ash, basswood, poplar, maple and others. While it is designed in the near future to publish a complete catalogue giving the botanical as well as the common names of all plants and trees growing in the college gardens, for the present the following may be mentioned as making a fine growth.

Order, Compositae: *Achillea Millipolium*, (Yarrow); *Aster*.

Order, Ranunculaceae: *Aquilegia Canadensis* (Columbine); *Hepatica triloba*.

Order, Anacardiaceae: *Rhus glabra* (Smooth Sumac).

Order, Lythraceae (Loosestrife Family).

Order, Sapindaceae: *Acre saccharinum* (Sugar Maple).

Order, Menispermaceae: *Menispermum Canadense*.

Order, Labiatae: *Mentha Viridis* (Spearmint); *Mentha Piperita* (Peppermint); *Nepeta cataria*; *Marrubium vulgare* (Hoarhound).

Order, Oleaceae: *Fraixnus Americana* and a number of other trees belonging to this genus (ash).

Order, Capropoliaceae; *Sambucus Canadensis* (Elder); *Viburnum*, *Lentago* (Sweet Viburnum), (Sheep Berry).

Order, Hamamelaceae: *Hamameles Virginica* (Witch Hazel).

Order, Lauraceae: *Lindera Benozin* (Spice Bush, Wild Allspice); *Sassafras officinate* (Sassafras).

Order, Rubiaceae: *Cephalonthus occidentalis* (Button Bush).

Order, Rutaceae: *Xanthoxylum Americanum* (Prickly Ash).

Order, Geraniaceae: *Geranium* (Wild Crane's Bill); *Oxalis* (Wood Sorrel).

Order, Polygonaceae: *Rumex crispis* and others of the dock.

Order, Berberidaceae: *Podophyllum paltatum* (May Apple, Mandrake).

Order, Phytolaccaceae: *Phytolacca decandra* (Poke Weed).

One knoll in particular which overlooks the brook that passes through the park is a tangled mass of trees and shrubs and plants and vines, making it like one of those old-time Eastern thickets that we knew as boys, and if there were snow on the ground we would look for rabbit tracks. Notwithstanding the lack of snow, with a sharp lookout you will see the rabbit, for he is there, a little fellow, not so large as his eastern cousin, but a cotton nevertheless.

The park and garden has been planted and cared for almost entirely by the Doctor's own hand, no one else ever having anything to do with the cultivation and, while we find here many trees and plants which have been sent by Eastern friends, there are also many that have been collected by Doctor Munk himself from the mountains and deserts of Arizona and elsewhere.

This garden is situated on the ranch of Dr. J. A. Munk in a portion set aside as a park, which is under the immediate care and cultivation of the Doctor. Notwithstanding that every moment is a busy one with him, divided as it is between his extensive practice and the cares relating to the college, once a week at least he lays aside all else and retires to this rural spot, there to re-enact the role of "Cincinnatus returning to the plow."

SOME ECLECTIC HISTORY.

Ovid S. Laws, M. D., Los Angeles.

As the pioneers of Eclectic medicine have mostly gone from us into some other state of being, it may be of interest to some to get occasionally a few words from one who lived among the pioneers and really was a pioneer for several months in Kentucky.

In January or February, 1854, Dr. A. Page of Boston, Mass., came to Cincinnati as a teacher of what he called Electropathy. He was a large man, full of vim and enthusiasm, and soon got a large class, eighty or more, to take a course of ten night lectures for ten dollars from each member of the class. Seventy of this class were students in the Eclectic school, including the writer of this history. Doctor Page gave us an interesting course of lectures, and aroused no little enthusiasm, and at the close of the lectures gave us each a diploma. He also gave us each a book called the "Electro-pathic Guide," containing the chief points in his lectures. As money was scarce with me, this seemed a rather expensive venture, especially when we learned our batteries would cost sixteen dollars if made after Doctor Page's pattern, but it proved to be the best investment I ever made. It was the means of opening the way to a paying practice in a few weeks where it would have taken many months to get a start in the usual way.

Our batteries were made after Doctor Page's pattern by Max Woche and Son, of Cincinnati, and were much the best Faradic batteries I have ever seen. I was one of the graduates at the close of the winter term in 1854 and soon went down into Southern Kentucky to look for a location for practice. However, as a precautionary measure I thought it would be prudent to go among my old friends and teach school for a few months for a financial start and to give me time to select a good location for the practice of medicine. But my friends instead of wanting me to teach insisted on my working at my profession. It was apparently a very unpromising field, a hotel and stage stand on the pike going south towards Nashville, Tennessee.

The location was called "The Bear Wallow" and there were no less than half a dozen doctors scattered around not many miles away occupying the most favorable locations. It is a cavernous region of country, the famous Mammoth Cave being about twelve miles southwest from "The Bear Wallow." As a sort of advertisement and feeler of the public pulse I offered to give a public lecture on electricity on the next Saturday night at the school house. At the appointed time I met a pretty good crowd, but not a woman in it. Being something new under the sun in that part of the country, I suppose the women were afraid.

After the speaker had told all he knew about electricity, and more too, and how it could almost raise the dead and often cured old cases that in those days were considered incurable the little battery was opened up for experiments. The usual run of shocks and surprises were carried on until all seemed satisfied and well pleased with the lesson. I did not take the extreme ground of Doctor Page, that electricity was to do away entirely with drug medication, but that it would in some cases, and would be a great help in many cases in connection with medicine.

The electric sparks of that night pervaded the entire community, although there was not a woman in it (I mean in the lecture room).

Not many days later I was confronted with two formidable and highly interesting cases who were classed as incurables, and a third soon thereafter. I will write an article on my first three patients and give a full statement of their condition and treatment and final results in another paper. Still later I would like to give you some of my experiences with *Veratrum Viride* that season. And doubtless Doctor Munk and some others would like to see a sketch of my visit to and my experiences in the famous old Mammoth Cave in a still later paper.

DIETETICS.

Q. A. R. Holton, M. D., Whittier, Cal.

What shall we eat? This question is asked perhaps many times daily of the busy doctor and more and more importance is being attached to it as the people hear of the surprising results of investigations and tests that are so common now. Not only what we eat, but how we eat and how much we eat, and when, are all included in the inquiry. And the average doctor, who never had any instruction while in medical college and who never made any systematic and diligent study of the subject in his life, is all at sea in answering the questions. He knows in a case of acute gastritis, when the patient is heaving

up every drop of everything taken into the stomach, that food had better be withheld until the stomach can retain it, and will so instruct the nurse, which is certainly "sane and safe." But he will have a list of foods ready to be tried as soon as the exhausted and harassed stomach is disposed to take a little rest. No matter if the patient is plump, well nourished if no food has been taken for two or three days, the friends will begin to get panicky and suggest all kinds of concoctions, and too often the doctor will join in the search for something the stomach will tolerate.

Why not remember that people fast thirty or forty days and do not die nor suffer much inconvenience, and just wait until the patient gets hungry and he will tell what he wants and it will be the right thing.

When the digestive organs cease to be able to properly digest food they usually give notice to that effect by taking down the sign, "Food wanted," and if the supply still continues after the appetite is removed it is either pitched back the way it came or passed on down to torment the trespasser with griping pains and diarrhea and, worse still, constipation, headache, neuralgia, catarrh, rheumatism etc.

But appetite is not synonymous with hunger and here is where so many err to their sorrow. Our appetite often continues after we have eaten all the system requires. It remained for a layman, as has often occurred in other lines, to teach the profession valuable lessons in the matter of dietetics. I refer to Horace Fletcher and hope to review some of the tests and results he and others have made in this field. Dietetics is coming to the front. Let us no longer assign it to a back seat and only a few hours time in the entire medical curriculum. The people are asking questions of us; let us be able to give scientific answers.

RADIUM A THERAPEUTIC AGENT.

C. E. Johnston, M. D. Los Angeles.

Read before Los Angeles County Eclectic Medical Society.

Gentlemen:—

In presenting this paper for your consideration and criticism, I wish to state in the commencement that I have nothing to sell you, neither am I advertising for those who have, on the contrary I am here simply in fulfillment of a promise made by me to your worthy secretary some time ago, to contribute a short paper on the subject of "Radium" as a Therapeutic Agent, on this occasion. And my chief aim in the matter, and the one that has dominated my efforts in the pre-

paration of this paper, is to suggest to the members of this Association what is, to my mind, a better and more certain method of battling with some of the ills of humanity than that which has been practiced by our profession in time past and which is still so tenaciously adhered to by the majority of the medical fraternity.

It is quite unnecessary, and indeed would be foreign to the objects of this paper, to enter into a historical discussion of that rare mineral, Radium, but that it has an important place in our medical armamentarium is a demonstrated fact, and it is from this standpoint only that I shall discuss it.

I desire first, to give you such facts as I have been able to gather from experiments of high standing, reserving my own experience with radium until later, since it is merely corroborative of what these experimenters have to say.

Chief among the collection I have made is an article written by Wm. H. Diffenbach, in 1906, and read before the International Society of Physical Therapeutics, entitled:

Radium Therapy.

Sufficient time has elapsed since the discovery of radium and its utilization by the medical profession to permit of a review as to what has been accomplished in this field. Much has been written on the subject of radium by physicians, and in France a journal ("Le Radium") devotes its columns to this interesting element and its compounds. In Germany a periodical, "Jahrbuch der Radioaktivitat," is looked upon as the standard publication. American medical literature contains but slight reference to the agent. Occasionally some investigator will attempt to enlighten the rest of the profession on the discoveries of the physical and therapeutic properties of radium, but as a whole, physicians have remained aloft from employing this adjuvant in disease. This can be readily explained by the somewhat prohibitive cost of radium; also by the well known fact that medical men, as a class, have no excess of this world's goods, so that, even if interested, the physician is not apt to invest in radium and give it an exhaustive trial. The position of some medical editors on this subject is distinctly ludicrous; criticisms of radium as a therapeutic agent have appeared from time to time, the criticism showing that the writer is innocent of practical knowledge on the subject. In other cases, a cloak of tolerance and reserve clothes the lack of editorial knowledge on this theme.

It is to hoped that the discovery of pitch-blende and carotite deposits in Colorado and Arizona may tend to materially lower the expense of radium, so that more extended

use can be made of its properties in therapeutics, and larger quantities be applied than heretofore.

Aside from a period of two years when weak activity of radium was employed, followed by one year of the one millionth, the writer has confined his experiments to the 25,000 activities of Lieber coatings and solutions, and results secured are chiefly to be credited to the activity applied in the manner to be outlined later. It is claimed for the American radium that the radium sulphate obtained from carnotite shows up remarkably strong in gamma emanations, and as moderately large quantities can be secured from this new source, although of low activity, it is possible that the total output of emanations may be effective in therapeutics. This is for the future to decide.

The action of 25,000 activity coatings when applied to the skin and mucous membranes is as follows:

If applied for twenty-four hours, slight erythema results; when the time is increased to forty-eight hours dermatitis, equivalent to that of the first degree produced by Roentgen rays, is secured. This dermatitis takes from four to six days to subside, and is followed by a distinct tanning which disappears in from ten to fourteen days, leaving behind, however, slight pigmentation of the parts treated. On mucous membranes, the same degree of irritation and hyperemia is secured in one-half the time required for skin reaction; the more moist the mucous membrane, the quicker the reaction. In applying radium of 25,000 activity, while we do not hesitate to use the maximum of forty-eight hours and in some cases seventy-two hours of exposure to the skin and its lesions, we have made it the practice never to give over twelve hours' treatment for mucous membranes, in order to obviate severe irritation and possible ulceration. It is also imperative where maximum doses have been given, to wait at least ten days, sometimes fourteen days, before repeating the application, unless necrosis is striven for, in which case, a hundred and forty-four hours exposure may be given to secure results. When divided doses are given and the totality of hours of radium has been secured, it is necessary to interrupt treatment for ten days in order to secure reaction to the rays and subsequent scar tissue formation.

Of the few surgeons who have added radium to their armamentarium, Dr. Robert Abbe of New York has done most to study its effects. He is the fortunate possessor of several tubes of the highest activities of radium obtainable and his results justify the persistency with which he insists on the value of this great agent in certain conditions. Criticism leveled at Abbe and others for their enthusiasm for radium, is

based on ignorance and the acceptance of misleading and immature statements by hasty and incompetent investigators. A practical test of the action of radium on cancer was made by Dr. Robert Abbe in the case of a patient suffering from scirrhus mammae. The tube containing the radium was introduced through an incision into the diseased tissues, and left in situ for two days. The same tube was then introduced into two other sections of the affected breast and kept in place for the same period. Amputation of the breast was then resorted to, and the removed tissues sent to the pathologist for his report on the character of the cells found in and about the area treated with radium. It was shown that the squamous cancer cells had in many instances lost their nuclei, nothing but vacuoles being left; in others, evidence of the formation of scar tissues was noted. Normal cells appeared to be but slightly affected by the rays. This seems to corroborate the fact that cancer cells have less resistance to exterior influences than normal cells, which in the case of radium, might almost be called a "selective action."

Abbe (Medical Record, Jan. 6, 1906) gives his experiences and results with radium, citing a number of cases of inoperable sarcoma where apparent cures were obtainable. He considers radium almost a specific in superficial epitheliomata.

In a case of adeno-carcinoma of the uterus (reported by Dr. G. W. Roberts at this meeting of the Surgical and Gynecological Section), after six months no symptom of disease is perceptible. The patient had been previously curetted, and a positive diagnosis of adeno-carcinoma made by a competent pathologist. The result has been so surprising that both Dr. Roberts and the writer feel somewhat doubtful regarding the diagnosis. The fact remains, however, that, clinically, symptoms of carcinoma were present, and the pathologist's report, as well as the surgeon first consulted, gave an unequivocal diagnosis of cancer in the case.

The lesions in which radium has been found useful are as follows:

1. Warts and moles.
2. Urethral Caruncle.
3. Lupus Vulgaris.
4. Epithelioma.
5. Psoriasis.
6. Chronic Eczema.
7. Selected cases of Sarcoma and Carcinoma.
8. Trachoma.

Radium may be useful in other lesions, but the above comprise the diseases in which we have employed it and found it efficacious.

1. Warts and moles. Radium gelatine painted over warts and moles has caused them to shrink and after repeated applications, to disappear entirely, leaving an absolutely smooth skin.

2. Urethral Caruncle. In two cases treated, an absolute disappearance of the growth was obtained by inserting the tube into the urethra for an exposure of eighteen hours in divided doses. There has been no recurrence, although two years have elapsed in one case and eighteen months in the other.

3. Lupus Vulgaris. In small lesions radium has never failed me. In the larger lesions, especially when marked hypertrophy was present results were negative. The use of radium gelatine solution on large patches opens up a new technic which may prove more successful.

4. Epithelioma. The Roentgen ray is so successful in this lesion, especially when given through filters, that radium has been rarely employed excepting in small lesions. In lesions about the mucous membrane, however, where the Roentgen rays seems to be unsuccessful in many instances, radium has been found efficacious. We have secured apparent cures in six cases of epithelioma of the lip and tongue after persistent treatment. Several other cases were far advanced and died of glandular metastasis before radium could do its work. The technic consists in applying rods or plaques for forty-eight hours, in divided doses and then awaiting reaction. Necrosed parts are frozen with ethyl chloride spray and readily detached previous to each application.

5. Psoriasis. Small psoriatic patches have yielded to radium plaques, and our next case of general psoriasis will be treated with radium gelatine solution with expectations of success.

6. Chronic Eczema. Radium relieved the itching and cured several lesions of many years' standing.

7. Sarcoma and Carcinoma. Of the cases of carcinoma treated results must still be reported with reserve until two years more have elapsed. Two cases of primary scirrhus of the breast remain symptomatically cured. Two cases of inoperable recurrent carcinoma of the uterus are in good health after twelve and eighteen months supervision. One case in which apparent quiescence was secured has disappeared from view, and another of the same kind took on a fresh turn and developed metastasis of the rectum and died. One case of inoperable cancer of the rectum (diagnosed by surgeons of the Massachusetts General Hospital and corroborated by Newark physicians) has been treated for nine months, and quies-

cence has been secured. The patient is in better health, has increased in weight and the hemorrhages have ceased. The mass in the rectum can be palpated as a hard gritty tissue, and has contracted to one half the size at the original examination. Two cases of recurrent carcinoma of the rectum were kept comfortable for a short while, but eventually died of metastasis to the liver.

In an inoperable round cell sarcoma of the cheek and orbit, quiescence was secured with contraction and breaking down of the tumor, the patient living eight months longer than the surgeons predicted. Death was caused by an attack of hematemesis, possibly caused by gastric ulcer.

8. Trachoma. At the suggestion of the writer, radium rods were given a trial by Dr. McCleary at Professor Norton's clinic at the New York Ophthalmic Hospital in several cases of intractable trachoma. Dr. Norton's paper presented at this meeting of the O. O. and L. Society, reports success in the treatment with radium, thus corroborating the work of European ophthalmologists.

In conclusion, we desire to emphasize that no false, mysterious or impossible action or results should be attributed to or expected of radium. The rays and emanations given off by the element undoubtedly affect pathological as well as healthy tissue. When repeated dermatitis is produced, scar tissue forms, the latter replacing morbid cells. The problem confronting the therapist, therefore, resolves itself into his ability to place radium and its emanations where the above action can be secured—if the rays do not reach the locus morbi, radium must not be charged with failure, but improvement in technic should be attempted. As proper technic distinguishes the successful from the unsuccessful Roentgenologist, with equal force must the improper use of radium be followed by failure. In order to secure desirable results, careful attention to technic and detail must be given.

The medical profession is earnestly invited to investigate the merits of this agent in therapeutics, and by further tests determine its limits and scopes.

Before leaving this chapter, we desire to interpolate that, when treating lesions with radium coatings or solutions, electroscopic tests as to relative activity must be made from time to time in order to know what strength of radium is employed in the case. The coated rods, while permanent to a degree, are apt to become less active through absorption of radium into the tissues, especially when in contact with mucous membranes.

In conversation with Dr. Piffard, the writer suggested the experimental use of these new radium coatings in an inoperable case of epithelioma of the foot under his care in Pro-

fessor King's electrotherapeutic clinic at Flower Hospital, New York. Operation had been refused in the case owing to the advanced age of the patient (84) and a cardiac lesion. The tumor covered the interior surface of the left foot between the malleoli, being five centimeters in diameter, practically round, and four centimeters high. Its growth was rapid at the time the Roentgen rays were being employed, but had not apparently produced retrogression. Two pointed rods in possession of Dr. Piffard were employed in the case and introduced into the mass of the tumor at about its center, one centimeter apart and the parts firmly bandaged, so as to keep the rods in situ and check hemorrhage.

The patient was kept quietly in bed for two days and the rods were extracted from the tumor, it was then noticed that the tumor was somewhat umbilicated and that the color of the tissue had turned much darker. After an intermission of two days new rods were again thrust through the tumor in a different location and left in situ for two days more. After the expiration of this time the tumor was very dark in color and very friable and the whole mass was readily detached from the underlying tissue, leaving a clean, apparently healthy substratum. The removed tissue was absolutely necrosed and as friable as a rotten apple.

The case went on to apparent resolution and at the time created much discussion. From reports received from my colleague, Dr. Kaufman, there are signs at present of a recurrence of the epitheliomatous growth near the same situation, but this ought to be amenable to the same agencies as before unless the result was due to accident and not to radium necrosis.

At all events, the marvelous results in the above hopeless case led us to apply the radium rods in a large number of other cases of epithelioma, carcinoma and lupus vulgaris with results which certainly warrant a continuance of our efforts in this direction.

We have had vaginal and rectum bougies coated with radium for use in primary and recurrent carcinoma of these parts and can report that in four cases of inoperable recurrent carcinoma of the cervix uteri, we have apparently secured quiescence in three cases, the nodules being much diminished in size and hard to the touch as though converted into scar tissue, with no subjective symptoms of the patient. The fourth case was very far advanced, the tumor having already invaded the rectal tissues; in this case we must report failure as the tumor is undoubtedly spreading. In these cases the difficulty of keeping the bougies in contact with the affected tissues is obvious and we usually exposed these patients for

but three hours weekly during a period of three months. Possibly one long exposure at one sitting would have proven more curative in the unsuccessful case.

There is as yet no reliable data to refer to in the treatment of cancer with this agent, and it was incumbent upon us to act conservatively, noting the action of the radium on the tissues from time to time and ceasing its application when dermatitis was produced.

In cases of lupus vulgaris, the radium coatings were usually placed upon plaques of celluloid and these cut to suit the part to be treated. The same method was employed in discoid epithelioma, naevi, verruca and in psoriasis. The radium plaques were firmly strapped to the lesion and held in place by means of adhesive plaster and usually kept in situ for two days. The parts were then examined, and if, after four days, radio-erythema was marked, treatment was suspended to await results of the reaction.

We can report absolute present success in cases of flat epithelioma, of small lupus vulgaris, epithelioma of the lip and tongue, all of which must await the usual term of years before danger of recurrence is passed.

In several hopeless cases of epithelioma involving large surfaces our results are still sub judice, in others failure resulted. Here are twelve cases reported directly to me by Dr. J. B. Waynick, of New Carlisle, Indiana, which bespeak great virtue in radium.

“New Castle, Ind., Aug. '07.

Dr. C. E. Johnston,
Visalia, Cal.

Dear Doctor:—Your letter requesting a report of my experience with radium as a “Therapeutic Agent” has been received. I can only briefly sum up my cases to you now with the view of doing more in detail when I have more time and more experience.

The first use of radium made by me was in January, 1906; at this time I provided myself with naked radium, using the preparations graded by Dr. Heber Robarts, of St. Louis, Mo. My success with the first case of cancer was so pronounced I determined to widen the field of operation and availed myself with all the radium instruments and graded activities of radium which had at that time been devised by Dr. Robarts. In all cases a standard solution fluorescence, H. Leber, has been used.

(1). My first case was Mr. J. K., age 70, Epithelial ulcer under the left eye. The sore was four years old, and when I saw it had been under constant treatment two years. It was

spreading rapidly; every effort to check its growth had utterly failed. Naked radium was applied and caused to remain 48 hours. The sore was then dressed as an ordinary one, the patient was given emanations of radium and fluorescence internally. Ten days following the first application of naked radium a second was made. Within five weeks the sore was healed and without scar. There was no pain caused by the treatment. Dressing was held in place with zinc ointment plaster. The irregular shaped sore covered an area of a silver dollar. The emanation of radium I prepared in my office from radium bromide. It is a very simple, suitable process.

(2). Second case, D. J., age 55, epithelioma of lower lip, three-quarter inch across widest portion; two years' duration. Naked radium applied three times, with one week intervening between each treatment, and 24 hours' retention; emanations, four teaspoonsful daily. Fluorescence in this case as with all cases in conjunction with emanations. The sore healed completely in ten weeks. It is sixteen months now, Aug. 26 since the radium treatment and there is no evidence of a return of the sore.

(3). Mrs. M., age 72, surface cancer in face half inch below left eye, duration three years, spreading rapidly. Treatment, naked radium 48 hours, emanations and fluorescence four times daily. Naked radium applied on the fifth day, and on the twelfth a third application. Granulations noticeable after the first application of radium. The sore had healed in five weeks, leaving no scar.

(4). Mr. D. H., age 33, internal piles and rectal fissure. This was an extremely distressing case, every movement of the bowels caused pain, often lasting for hours and frequently the movement was accompanied with a gush of blood. Radio-rectal dilator was used on alternating days for two weeks, then once weekly for four weeks; emanations and fluorescence internally as in cancer cases for the purpose of improving the general health. A complete cure was effected in four months.

(5). Mrs. D., age 55, lupus on nose, seven years. All kinds of treatment had been used without relief; naked radium was applied and retained 48 hours. Within three weeks two more applications were made; emanations and fluorescence as in other cases. Complete return to healthy skin was effected in seven weeks. It has been a year since this case was treated and there is no indication of disease. There was not the slightest pain nor discomfort attending the treatment, this is singularly true in all cases when radium is used.

(6). Mr. N. S., age 60, Lupus on nose, six years, patient

treated like case number five, complete cure in six weeks and without scar.

(7). Mrs. G. H., age 83, surface cancer on back of hand one inch in diameter, cured in seven weeks; treatment similar to numbers Five and Six.

(8). Mr. P. C., age 32, cancer half the size of hen's egg on right cheek; it was indurated, painful and ulcerating. It had been treated five years. I began the use of naked radium as in other cases, except that I used with the naked radium chlorine and gold to hasten destructive action of the mass. The wound was completely cured in eight weeks.

(9). Mr. J. C., age 40, gleet, ten years, prostatic tenderness. Radio-urethral sound was used every second day for four weeks. Restoration to health. No return of trouble after six months. These instruments are made with very thin aluminum walls lined with radium. Radium penetrates aluminum as it does no other metal.

(10). G. S., age 36, gleet, three years. Radio-urethral sound half hour on alternating days. No symptom of disease remaining after second week.

(11). Mr. G. T., age 52, internal piles and rectal ulcer, two of the tumors were size of thumb, bleeding was a common occurrence, duration of disease 15 years. At the end of three months the disease had disappeared. After three months more there is no return. This case was treated with Radio-rectal dilator as in case No. 4.

(12). J. H., age 48, protruding piles, bleeding and much distress. Radio-rectal dilator used one hour every second day for two weeks, and then twice a week for two weeks, and then once a week for four weeks. At the end of four months no evidence of disease of the rectum remained. In all the painful conditions of the rectum I have met with the distress is relieved after the first use of the radium instrument. In all cases I use internally fluorescence with the emanations of radium.

Yours fraternally,
J. B. WAYNICK."

Here is a communication from Drs. Evans and Williams of New Castle, Pa., who seem not to have unbounded faith in radium, yet have used it sufficiently to have some reliance in it.

"New Castle, Pa., Aug. 28, '07.

C. E. Johnston, M. D.

Dear Doctor:—Our experience with radium has been mostly with Radio-activo instruments, radio-rectal dilator and radio-urethral sound. The former we have used with satis-

faction in cases of rectal irritation, mostly from hemorrhoidal causes, but they were not depended upon altogether in any case, as electricity, galv. and H. F. current were used in conjunction with them. However, in the case of the urethral sounds it was different, we have treated cases of old standing ureteritis and strictures with these alone. One case in particular deserves mention; male, age 38, had gonorrhoea when about 18 years old, then followed a stricture of very small calibre near the neck of the bladder. Difficulty in urinating was present for all this time during which many doctors were consulted. About four years ago we worked on him and succeeded in passing into the bladder a small sound, made to order, finer than No. 10. Bleeding would be profuse, but the urine could afterwards be passed in a fine stream, which before was passed drop by drop.

After a lapse of about two years with the occasional passing of a small sound and the taking of cystogen tabs, we procured the radio-urethral sounds for him and had especially made a No. 15. This was introduced to remain for about one hour and this has been about the average length of these treatments. We are now occasionally passing a radio sound of No. 26 in him with ease. His stream is large, no difficulty whatever being experienced, and he has remained so for about a year. We know that the instruments are loaded with radium bromide of low activity, as we can readily make good negatives of small objects like keys with these in a few hours. Of course we always use the radium water for internal fluorescence when treating with the radium after the manner of Dr. Heber Robarts, of St. Louis.

Respectfully yours,

Drs. Evans and Williams."

Dr. J. A. Hirsch, of Edwardsville, Ill., reports a case of interest in which he used radium.

"Edwardsville, Ill., Sept, 4, '07.

Dr. C. E. Johnston,
Visalia, Cal.

Dear Doctor:—Yours of the 21 ult. came to hand. In reply would state that I treated one case with radium. A woman, aged thirty-two, had a malignant ulcer, a little larger than a silver dollar, and about one-third inch in depth in popliteal space of left leg. Ulcer very painful. General health of patient poor and losing weight.

Before coming under my observation patient was treated for fourteen months by two physicians of this place, one of

them using X-ray and high frequency current for about four months, with results practically none.

On October 1st, 1906, applied naked radium to ulcer under direction of Dr. Heber Robarts, of St. Louis, made four applications of radium at intervals of about a week. Radium was left in situ from forty-eight to seventy-two hours; in the intervals and subsequently to last application of radium ulcer was dressed as a simple sore. Ulcer began to heal from the first application of radium, gradually filling in with healthy granulations and by December 5th, it was entirely healed, leaving an elastic scar. The scar is not thick and unyielding, but is somewhat elastic like healthy skin.

There has been no return of the trouble to date. Patient gradually increased in health and strength and about a month ago gave birth to a healthy child.

Yours frateranlly,

J. A. HIRSCH,
Edwardsville, Ill."

I am confident that the great medical majority of today will in the near future begin an earnest investigation of this new therapeutic agent, and I believe it merits a very careful investigation.

Personally I have treated only one case of epithelioma with radium but with the same result secured by Dr. Waynick and others who have contributed their experiences; but I have treated more gleet than all of them together have reported.

To date I have treated fourteen cases of gleet with radium and with the same result, viz: A subsidence of all symptoms of the trouble, notwithstanding the fact that two of my clients have given the result a severe test by indulging in sprints of drunkenness and sexual excesses.

That test I claim to be the test of all tests in gleet, for every one knows who has handled gleet that alcohol and women are his arch enemies.

Something that you can look for in treating gleet with the radio urethral sound is that within twenty-four hours after the first treatment there will be a discharge of muco-pus almost equal to that in a fresh attack of gonorrhea. This, however, will subside within three days, as a rule, at which time a second treatment can be made.

I treat my patients for a period of one hour the first time, and one-half hour the second time. If any further treatments are required I leave the sound in situ for a period of two hours. In some cases you will have an orchitis arise, but not more frequently than from passing other sounds and bougies.

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I have treated a few cases only of piles and rectal ulceration. One case I wish to describe in passing, Mr. J. L. J., age 58 years, had hemorrhoids for five years, worse at times than others; the last two years patient would have bleeding after each evacuation of the bowels; this greatly weakened him and made life unpleasant, to say the least. In the beginning I gave two treatments each week for the first three weeks with the small radio-rectal dilator, then one treatment each week for three weeks with the large-sized radio-rectal dilator, and one treatment each alternate week for two more treatments. This patient had a slight amount of blood after the first evacuation following the first radium treatment, since which time there has been no return of blood, nor has there been any of the unpleasant symptoms such as aching in the rectum and protruding of the hemorrhoids since the third treatment.

These treatments require from one to three hours at each installment. Two cases of ulceration of rectum healed with seven and nine treatments. Treatments were given the same as in the case of hemorrhoids.

In summing up the facts about radium as a therapeutic agent I wish to call your attention first to the results obtained in skin diseases, viz: The lesion invariably heals without leaving a keloid which alone ought to recommend it to the profession.

Second. The uniformness of results where the cases are suited to radium therapy.

Third. As a rule there is no discomfort attending its use and application and last, but not least, the safety with which it can be administered.

This being my first offense, as well as a first infliction upon your time and patience, I trust that you will be charitably inclined.

WHAT IS "SUCCESS"?

Not long ago a firm of Boston publishers offered a substantial prize for the best definition of the word "success." Many attempts were made to win the prize, but it was more difficult than, at first thought, supposed. Almost every contributor wrote from his or her own point of view, and of course the treatment was as varied as the individual was narrow. The prize was finally awarded to a lady, a resident of Lincoln, Nebraska, who wrote the following classic definition:

"He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem, or a rescued soul; who has never lacked appreciation of earth's beauty or

failed to express it; who has always looked for the best in others, and given the best he had; whose life is an inspiration, whose memory a benediction."—*Jour. Ther. and Dietetics*.

THE USE OF DRUGS.

To quote from Dr. William R. Gowers, who made an address on the use of drugs before a London medical society:

"We smile at the popular herbal remedies. But it is to these that we owe the majority of our most useful drugs. I cannot conceive a therapist surveying a list of the chief drugs on which we depend in our daily work—and do not depend in vain—without a sense of wonder and, perhaps, of humiliation. We disinfect our rooms with burning sulphur; and so men did before the time of Homer. We purge sometimes with rhubarb, especially when some subsequent astringent influence is desirable, and so did the old Arabians for the same special reason. The value of castor oil in its chief use was familiar, probably for ages, to the natives of the East and of the West Indies before it was made known in Europe by a physician one hundred and fifty years ago. Aloes was employed in the same way long before the time of Dioscorides and Pliny. The knowledge of the influence of ergot in parturition we owe to the peasants of Germany, and the use of male fern for the tapeworm goes back to the old Greeks and Romans. The employment of mercury in syphilis by inunction and fumigation, drugs on which we most rely, we find a similar story. Even in the case of those which are the latest additions to our resources, we find that, with very few exceptions, their use arose from what we must regard as pure empiricism. It was by accident that the local anesthetic influence of cocaine was discovered.

Quinine, was also discovered by accident, and the use of the sulphate of copper in the treatment of granulated eyelids, was known to the Egyptians 1,500 years before Christ."

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

MEAT DIET.

The amount of matter that is printed on the subject of diet during a year is simply enormous. We try to devote a reasonable amount of our time to the inspection of current medical literature, but if we should read all that appears on this subject we should be forced to exclude everything else. Therefore, we do not profess to be entirely familiar with all of the claims made. However, we do read an article occasionally with the result that our previous opinion becomes fixed even more firmly. And this opinion is that there is more nonsense written on the subject of "Diet" than there is on all other medical subjects combined. One author advocates sour milk, another raw vegetables, and a third fruit, each firmly believing that his method is the only thing that can prevent the extermination of the human animal—all of which is ridiculous, and it also would be ludicrous, were it not pathetic.

In considering this subject we should constantly bear in mind this one idea, that "What a great many people have been doing for a great many years is good for them," a sentence that is almost axiomatic. For we find it just as true when we study their religion, their laws or their social customs as we do when we study their clothes, their language or their food. We may believe that man was created master with all

things else for his use and pleasure, or we may believe that he has developed through the ages—a survival of the fittest. The fact still remains that what was good for his forbears is good for him. By the operation of a fad he may depart therefrom for a time, but he must return. Some may argue that the habits of our ancestors changed as did their environments, and this is doubtless true in a slight degree; but we must not forget that any material change was spread over a considerable period of time, and that we are now considering customs—a word which in itself conveys the idea of something having been tried and found to be good. We have had the good fortune to study the habits of various peoples and we invariably found that if a custom were investigated far enough, its apparently nonsensical and ridiculous features were founded upon the soundest economic principles; and this statement is true of the usages of our own people also. Seldom indeed will it be found that one of our inherited customs is wrong either in principle or in operation.

Now, let us consider briefly our customs as to meat diet. As a people, we eat meat abundantly, and of many kinds. Our forefathers did the same thing, but with this difference; They ate cured meat or fresh meat; never cold storage meat. During the last score of years we have developed a fad for fresh meat so-called, but which is not fresh meat at all. It is meat which has reached a certain stage of rottenness designated as “ripe,” a condition acquired in two or three weeks after the killing of the animal. May not the many ills ascribed to the eating of meat be due entirely to the condition of the meat? Does it necessarily follow that because home-cured ham and bacon have been accepted articles of diet for centuries, cold storage pork also is good? May we not even suspect that factory-cured ham which is not smoked at all, is not the same thing that our grandfathers used? Again, the similarity between a fresh chicken and one out of cold storage consists only in the shape of the bird. Did any of our readers ever hear of a case of ptomain poisoning during all those centuries when meat was carefully cured or eaten absolutely fresh, before the time of this fad for meat ripened in cold storage? Acute ptomain, like other deadly poisons, is so violent in its action that it forces the attention of everybody; but there is a chronic ptomain poisoning also. To it may be ascribed many forms of gastro-intestinal indigestion, and it is a possible cause of appendicitis. It is our belief that cold storage meat frequently is injurious and sometimes poisonous without being odorous. We recommend this phase of the subject as worthy of close professional study and observation. In the meantime, it is safer to return to the meat of our fathers.

MEDICAL JOURNALISM BY AUTHORITY.

In our last issue we gave an editorial word and some extracts from contemporary medical literature concerning the attempt being made to establish "Medication by Authority," a step taken under the auspices of a clique in the dominant school and which was meeting with strong resentment from the rank and file. It now seems that in furtherance of this scheme they have decided to exercise censorship over the medical press to the end that nothing may be published not in conformity with this plan. Again we reiterate that, being Eclectics, we are only interested observers, but as such we may presume to doubt if any committee, self selected or otherwise, can prevent the physicians of the "regular" school from either using the drugs that they deem most useful or from reading the medical literature that they like best.

A little book written by Henry R. Strong and published by the National Druggist of St. Louis, is devoted to this subject. Its red back does not belie its fervid contents as the following extract will show:

"The Journal of the American Medical Association in an editorial in its issue of September 22d, 1906, entitled 'Private Gain vs. Professional Benefits,' takes the Medical Record of New York (an independent medical journal) most severely to task for what it calls "the attacks of that journal on the American Medical Association." It reminds its owners, Messrs. Wm. Wood & Co., a well known and long established firm of medical book publishers, that it is rated at from three to five hundred thousand dollars, all of which came out of the medical profession, and warns them against allowing any future criticism to appear in their journal, mildly threatening that their books will be boycotted if they fail to desist. We do not think it would be invidious to say that that paper stands at the head and front of medical journalism in America in ability, popularity and influence with the profession. It is esteemed by physicians everywhere as a dignified and conservative journal. Discussing the aggression of the oligarchy, a short time ago, it said:

"There is loudly expressed disaffection with the present management all over the country, from Texas to Michigan and from the Atlantic to the Pacific, disaffection which is assuming definite form in the organization of new State medical societies owing no allegiance to the national body. There is even serious talk of a rival national association. The leaders in this revolt confound the Association with its temporary rulers—a confusion which is shared by these same rulers—but they forget that the great body of the Association is composed of earnest, honest men, caring naught for medical politics, and as yet

barely awakening to the fact that they are governed by unwise men, who, wittingly or unwittingly, are dragging down the medical profession of the country into the mire of disunion. When once they are fully alive to the dangers which threaten their organization they will not be slow to make a change in methods, if not in men.' "

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. Dr G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May, 1909. J. T. Farrar, M. D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on October 5th at 8 p. m. at the offices of the College. In the absence of the president Dr. Munk presided.

The attendance was smaller than usual but those present were very much interested in the paper presented by Dr. Johnston entitled "Radium as a Therapeutic Agent." Following the reading of the paper many questions were asked which called forth much discussion.

Dr. Orin Davis, Sawtelle, and two guests were present, in addition to the regular members.

The next meeting will be on November 2nd at 8:00 p. m., at the college.

Adjournment.

P. M. WELBOURN, Secy.

J. A. MUNK, Pres. Protem.

STATE SOCIETY.

Fellow Eclectics of the State of California:—It is not too soon to speak of our work for the coming year. If we are not in line now we will not be then.

The meeting in San Francisco last May was by far the most interesting and the most harmonious I ever attended. True the first day it was discouraging and remarks were forthcoming that our school had become apathetic. But the second day we pulled ourselves together and pulled together the rest of the session. We decided at this session, after much discussion, to become a part of the national. Time has demonstrated the wisdom of this choice. From a monetary standpoint the physician is ahead on the proposition. He receives more than double what he invests. He pays \$2.00 and receives the Quarterly which contains the very cream of the transactions of the National.

Those who did not join at our meeting still have the opportunity by communicating with our secretary, Dr. J. Park Dougall, 337 Douglas Building, Los Angeles.

Not only does the doctor benefit himself but he contributes to the cause for which the most of us have spent the best part of our lives. There are about two hundred and fifty Eclectics in active practice in this state and about eighty are members of our state society. In other words there are about one hundred and seventy or 68 per cent of our school in this state so indifferent to the cause which a few years ago they espoused that they neither attend our meetings nor contribute anything to our success. I regret to say that with the meeting at their doors last year many did not attend. There was no one in attendance, who by such attendance had not been compelled to make a sacrifice. No man ever did succeed or ever will succeed in any undertaking who does not make sacrifices or who does not have a creed. A ship might as well be at sea without a rudder as a man to be on life's sea without a creed. We want to know where you stand. You believe in something, you held a seat down for years while you listened to the exploitation of the grandest ideas of medication that have ever been given to the disciples of the healing art. You received your credentials and with "Specific Medication" still ringing in your ears you went forth to battle in life's field and were successful. We are all proud of you. You probably, like the rest of us, then found that some of the profession were so narrow as to ostracise you on account of the handle to your name. But we rejoice to know that prejudice is no longer a part of the curriculum of the dominant school. In the past few years we are pleased to see that our position has been recognized as one of merit and that today schools of all ideas read our journals and prescribe our remedies. But we must be true and faithful to our heritage, for we have the grandest heritage that has ever been handed down to the profession, and we must be loyal and patriotic.

We read in Holy Writ that a patriot captive went into his room three times a day and worshiped with his windows open towards Jerusalem.

"If I forget thee, O Jerusalem,
If I remember thee not,
If I prefer not Jerusalem to my chief joy,
Let my right hand forget her cunning,
Let my tongue cleave to the roof of my mouth."

Let us, with our windows open towards our Alma Mater, press the button that shall electrify every Eclectic in the state, enthusing him with new life, backbone and vigor that he may be a factor in maintaining those inalienable rights for which Wooster, Beach King, Scudder, Lloyd and others contended and so happily secured for us.

And so, Fellow Eclectics, let us decide now to set apart a few days next May and meet in the beautiful metropolis of Southern California where we may reason together, where there will be an interchange of ideas of two hundred and fifty souls with but a single thought, and that is:

"Our liberties we prize,
And our rights we will maintain."

J. T. FARRAR, M. D., President.

COMMUNICATION.

J. T. Farrar, M. D., Berkeley, Cal.

My Dear Doctor: The numerical strength of the California Eclectics is not well represented in the new membership list of the National E. M. Association.

I am writing to inquire if I can be of any service to you in your efforts to get ALL our men into line.

It has been decided best to accept any application for membership at any time when it has the endorsement of the State Secretary accompanying it, and we have from time to time received such applications. The endorsement of the state officers is all our laws require at best, and we may and do get a number by accepting them while they are ready to act and the matter is fresh in mind.

We trust you will find opportunity to urge your people and from time to time send in all you may secure.

Those old members who are delinquent for dues in the National should first make the delinquency good. Early in the year I sent to each of the State Secretaries a list of all the National Membership in their respective states, showing the standing of each on the treasurer's books. If this list has been

lost or forgotten Dr. Sharp, Guthrie, Okla., will be glad to take up the matter with you.

One of your ex-state officers has written me urging the adoption of some system of collecting the dues. This we have endeavored to do, but we have not met with the hearty support of all and in some instances no response. May I not hope for an early reply and your hearty co-operation that we may make our National as well as our State Associations strong and business like in their membership and methods?

Anticipating a prompt reply and succesful effort I am,

Fraternally,

WM. P. BEST.

Editor "Cal. Eclectic Med. Journal,"

Los Angeles, Cal.

Dear Sir: Will you kindly insert the following in your Journal? I fancy by so doing we can reach many more than we can through the Quarterly, owing to the fact that the latter goes to the National members only.

The attention of our readers is called to the fact that applications for membership to the National can be sent to either of the secretaries, Wm. P. Best, M.D., Indianapolis, Ind., 2218 E. 19th St., or to W. N. Mundy, M.D., Forest, Ohio, at any time, by reason of the change in the methods of affiliation.

Membership through the medium of State Societies voting to affiliate being but \$2.00 and in those states not maintaining State Societies \$3.00. This amount includes the dues and the subscription price of the new publication "The National Eclectic Medical Association Quarterly," which is published the first day of September, December, March and June, respectively. It is to be hoped that our men everywhere, no matter how isolated will take advantage of this and make our society what it purports to be—National in character as well as in name. Most of the states have responded nobly, why not all?

Truly,

W. N. Mundy.

NEWS ITEMS.

Dr. Watson Roberts of Marshalltown, Iowa, an old time Eclectic, is spending some time in Southern California.

Dr. C. E. Johnston, formerly located at Visalia, has moved to this city and has offices in the Auditorium building.

Dr. B. Stetson, Napa, was a recent visitor in the city and called on many friends while here.

Dr. James Beard, who lived here formerly, but has been traveling in our own country and abroad for several years, has returned and is now located at Eighth and Central Ave., City.

Dr. E. R. Harvey, Long Beach, has returned from his vacation, spent in Ohio. Mrs. Harvey and son remained for a longer visit but are expected back in a short time.

Dr. M. Blanche Bolton, San Pedro, has returned from a month's vacation spent on a ranch near San Gabriel.

Dr. and Mrs. W. S. Gibson have returned from a two weeks' vacation spent in San Francisco. Their trip was made by boat.

Dr. L. Paul Zahn announces that after October 1, he will see his patients by appointment only. Office and residence 1841 Monticello Avenue.

Dr. Lawrence Keegan, San Diego Co., was in the city recently en route to Chicago for post graduate work.

It is a satisfaction to note the unanimity of sentiment that prevails for the success of the California Eclectic Medical College. Every chair in its faculty is full and well filled and the good work that is being done by both the professors and students is very gratifying.

A student remarked, at the beginning of the present term, that he had attended school in four different medical college buildings and that the California Eclectic Medical College was the most satisfactory and homelike of any of them.

Doctor G. W. Finch received recently, from a friend in Ohio, a package of native wild plants for use in experimental work in the College Botanical Gardens.

Anyone who has ever felt the faint or vertigo of bile in the stomach, which sets everything in a whirl and gives the sensation of falling out of bed and off the earth, has experienced a nightmare of indescribable horrors. Furthermore, anyone who is sick and has nothing to do but think nonsense and nurse his injured feelings, is not accountable for everything he says or does.

In a letter to Dr. Munk, Professor Lloyd writes: "I note what you say concerning Spanish dinners; to which I will add, that a person with my balanced methods of living and with my indifference to those things that disturb people of less established constitution, is not easily put out by the fact that a dinner is a little peppery, or a little anything else good, bad or indifferent. The next time I come to Los Angeles I shall take

you and Welbourn and others under a kind of baby process of treatment and gradually raise you to a condition where you can train with me, a condition that possibly both of you much need." Yes, it must be admitted that the inexperienced local contingent was knocked out by the Professor's swift pace, but had a splendid time nevertheless.

Number 3 of Volume 2, Los Angeles Health Department Monthly Bulletin is just out. In glancing over this little pamphlet its importance and value is at once apparent. It was a happy inspiration that suggested this work, to remind physicians of their duty and to give needed instruction to the public on many seemingly trivial matters pertaining to health but that are of actual and vital importance to the community. The City Health Office deserves to be complimented on and encouraged in this good work.

In the announcement of a course of special lectures to be given at the Philadelphia College of Pharmacy, appears the name of Professor John Uri Lloyd who will lecture November 4th on "American Medical Plants and Drugs."

Errata. On page 267, line 34 of the October issue "Ziv of sassafras" should read "Ziv of sassafras."

The President of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the Present Status of Obstetrical Teaching in Europe and America and to recommend improvements in the scope and character of the teaching of Obstetrics in America.

The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, John S. Hopkins University, Cornell University and the University of Chicago.

Communications from anyone interested in the subject will be gladly received by the Chairman of the Committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

We have the pleasure of printing in this issue a picture of Dr. J. T. Farrar, President of the California State Eclectic Medical Society. Although this innovation adds greatly to the expense of publishing we hope to be able to do the same of each succeeding president of the state society. Under the section devoted to societies will be found an interesting communication from Dr. Farrar.

Subscribe now for the new year and be sure to use blank published on page XII.

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The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

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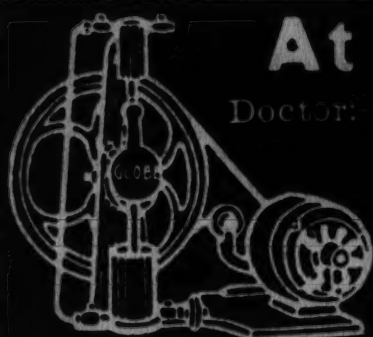
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Cal. Ec. Med. Jour., 818 Security Bldg., Los Angeles	1.00	1.00
Chic. Med. Times, 412 Fulton St., Chicago, Ill.	1.50	1.20
Eclectic Med. Gleaner, 224 Court St., Cinti., O.	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.	2.00	1.60
Eclectic Review, 140 W. 71st St., New York, N. Y. ...	1.00	.80
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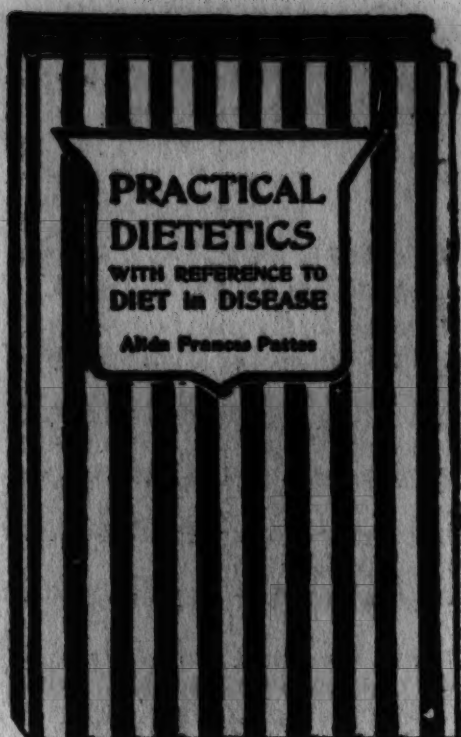
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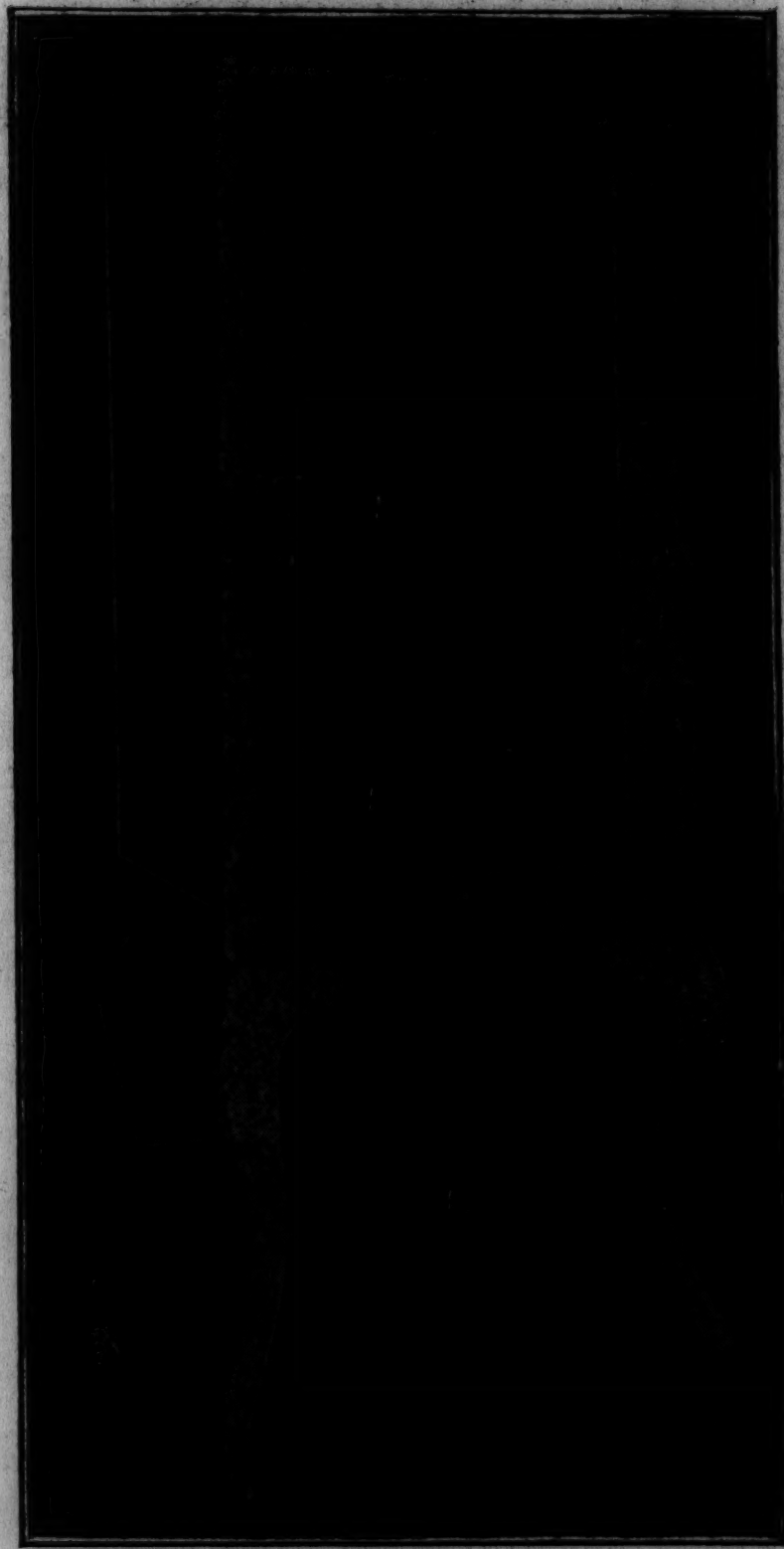
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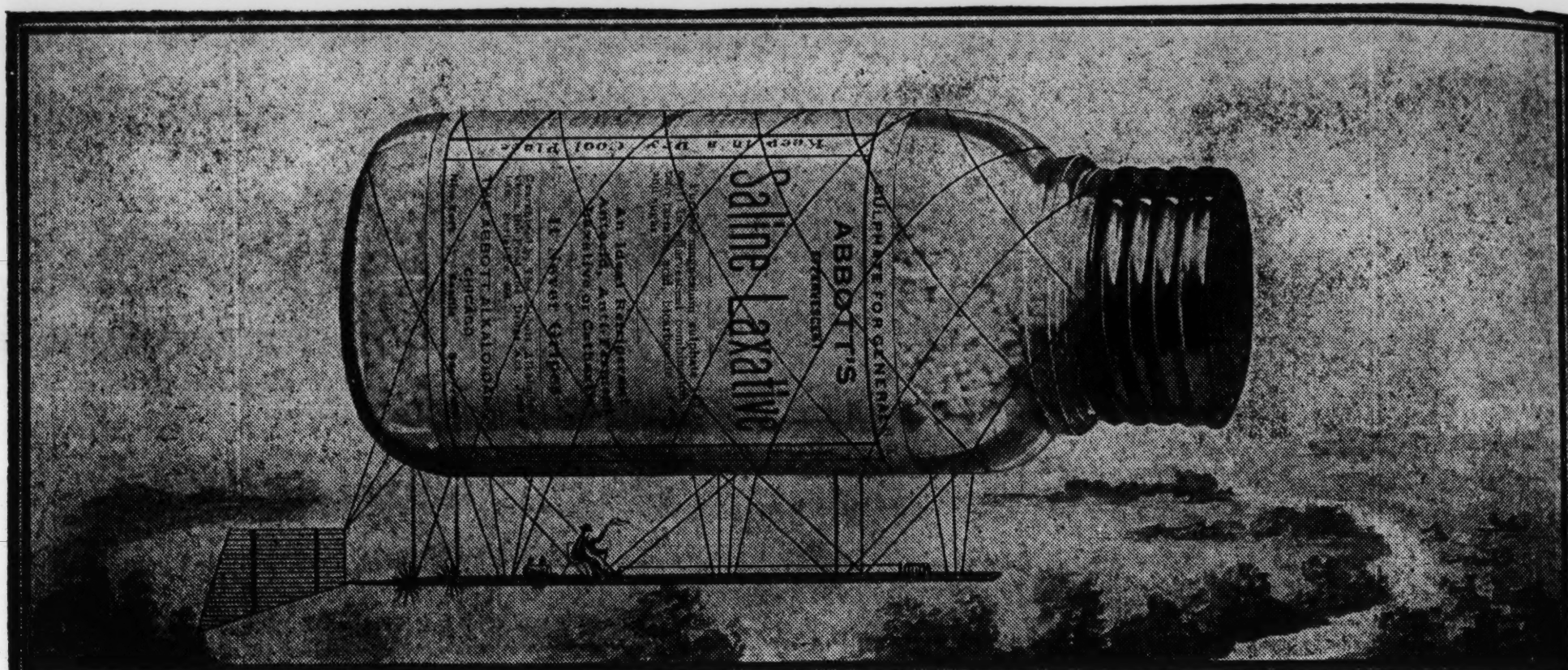
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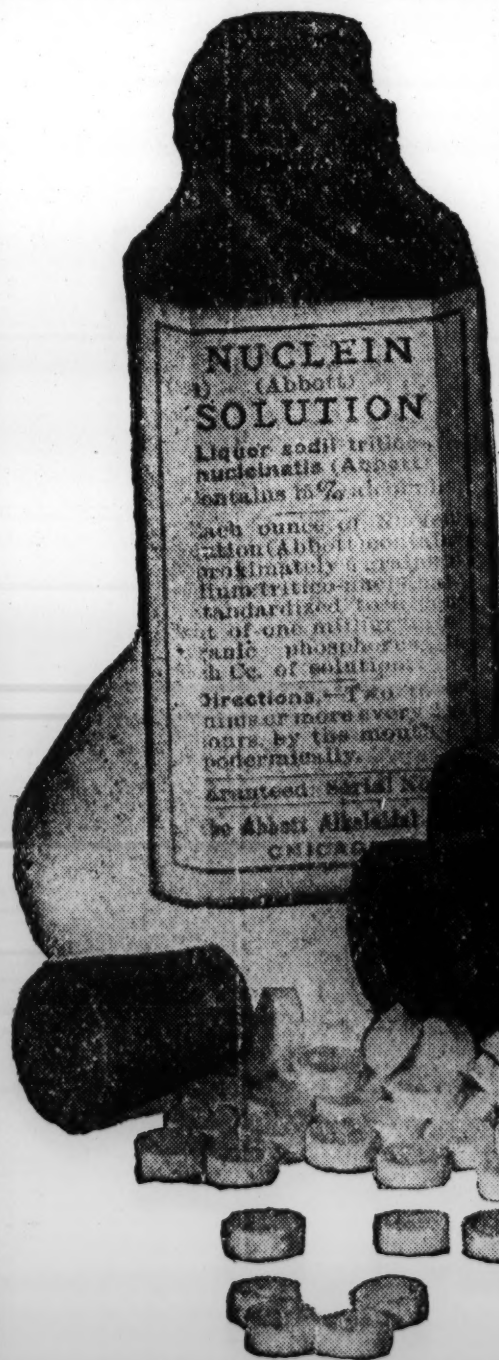
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